Letter to the Editor Regarding Barranha´s Paper: "Is There a Role for Psychiatry in Physician-Assisted Death in Portugal?"

Carta ao Editor em Resposta ao Artigo de Barranha: "Existe um Papel para a Psiquiatria no Processo de Morte Assistida em Portugal?"

Keywords: Euthanasia/legislation & jurisprudence; Mental Health; Physicians; Psychiatry; Suicide, Assisted/legislation & jurisprudence
Palavras-chave: Eutanásia/legislação e jurisprudência; Médicos; Psiquiatria; Saúde Mental; Suicídio Assistido/legislação e jurisprudência

Dear Editor,

I read the Letter to the Editor by Barranha[1] with great interest, and I think it raises several clinical and research issues about assisted suicide and desire for death (DfD), that are never too minor to discuss in scientific publications.

Although I assume the multiple difficulties in discussing such a field, it is of the utmost importance to present some aspects for further reflection, namely on DfD and will to live (WtL).

Firstly, the general idea around the DfD is that the current debates are superficial and rarely evidence-based. It seems that many questions remain unanswered in the general public´s opinion (and also among healthcare professionals) around DfD and WtL in terminally ill patients. Therefore, about DfD and WtL, some evidence-based points should be reminded to clarify the debate further:

1) DfD appears to be present in terminally ill patients occasionally[2,3];
2) DfD presents well known treatable underlying factors such as depression, hopelessness, perceived loss of dignity and severe physical symptoms[2-4];
3) underlying social factors such as the feeling of being a burden or social isolation seem to play an essential pathway within which DfD unfolds[2,4];
4) DfD and WtL are highly fluctuant and not sustained throughout the illness trajectories, variations throughout time depend on efficacious physical and psychological control as well as brief psychotherapeutic approaches,[2-6] and therefore, teams caring for patients presenting desire for hastening death must be multi-professional and include psychologists and psychiatrists with specific palliative care training and practice;
5) patients may use DfD as an extreme coping strategy to maintain control against anticipated excruciating and heavily burdening suffering agony[6];
6) most research on DfD and WtL comes from cancer populations, and evidence among non-cancer patients is sparse and warranted before any other solutions for outright distress.[6]

Finally, I could not agree more with the author stating that "the technical debate is necessary"; and I believe it will not medicalize, nor disturb individual choices. Conclusions from studies using patients with DfD, poor WtL and multidimensional suffering will always clarify our view, rather than pose further barriers. Evidence-based results from research must be published, helping to raise awareness among clinicians, researchers and academics, citizens, and politicians regarding death and our specific role in ensuring medical and societal measures to the provision of non-abandonment and top-of-the-line technical and humanized care for those near and desiring to hasten death. Our debate and actions must be based on both available evidence and clinical experience, and showing that end-of-life or advanced illnesses are not synonymous with a dreadful and unrelievable pain experience, where euthanasia, assisted suicide and DfD requests are the only existing ways for terminally ill patients to request for optimal assistance, compassionate attention and care.

REFERENCES

1. Barranha R. Is there a role for psychiatry in physician-assisted death in Portugal?. Acta Médica Portuguesa, 2020;33:629.
2. Julião M, Barbosa A, Oliveira F, Nunes B. Prevalence and factors associated with desire for death in patients with advanced disease: results from a Portuguese cross-sectional study. Psychosomatics 2013;54:451-7.
3. Price A, Lee W, Goodwin L, Rayner L, Humphreys R, Hansford P, et al. Prevalence, course and associations of desire for hastened death in a UK palliative population: a cross-sectional study. BMJ Support Palliat Care. 2011;1:140-8.
4. Monforte-Royo C, Villavicencio-Chávez C, Tomás-Sábado J, Balaguer A. The wish to hasten death: a review of clinical studies. Psycho-Oncology. 2011;20:795-804.
5. Julião M, Antunes B, Nunes B, Sobral MA, Chaves P, Runa D, et al. Measuring total suffering and will to live in an advanced cancer patient using a patient-centered outcome measure: a follow-up case study. J Palliat Med. 2020;23:733-7.
6. Pestinger M, Stiel S, Elsner F, Widdershoven G, Voltz R, Nauck F, et al. The desire to hasten death: using grounded theory for a better understanding "When perception of time tends to be a slippery slope". Palliat Med. 2015;29:711-9.

Miguel JULIÃO✉[1]
1. Equipa Comunitária de Suporte em Cuidados Paliativos de Sintra. Sintra. Portugal.
Autor correspondente: Miguel Julião. migueljuliao@gmail.com
Recebido: 02 de setembro de 2020 - Aceite: 04 de setembro de 2020 | Copyright © Ordem dos Médicos 2020
https://doi.org/10.20344/amp.14853